

# ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 3

**IMPORTANT: Mark all packages and papers with contract and/or order numbers.**

1. DATE OF ORDER 09/10/2004		2. CONTRACT NO. (If any)		6. SHIP TO:	
3. ORDER NO. DTMA1N04104		4. REQUISITION/REFERENCE NO. PR100040010		a. NAME OF CONSIGNEE No Shipping Information	
5. ISSUING OFFICE (Address correspondence to)  DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310  Washington DC 20590				b. STREET ADDRESS	
				c. CITY	e. ZIP CODE
7. TO:				f. SHIP VIA	
a. NAME OF CONTRACTOR				8. TYPE OF ORDER	
b. COMPANY NAME sitesALIVE Foundation, Inc.				<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
c. STREET ADDRESS 63 Main Street				<input type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY Gloucester		e. STATE MA		f. ZIP CODE 01930	
9. ACCOUNTING AND APPROPRIATION DATA - 694750 - 1 - 04 - 01 - - GAL002 - 110000 - - 2523 - - - - -				10. REQUISITIONING OFFICE DOT/Maritime Administration, MAR-100	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED							
12. F.O.B. POINT Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)		16. DISCOUNT TERMS	
13. PLACE OF						10 days % 20 days % 30 days % days %	
a. INSPECTION		b. ACCEPTANCE					

## 17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)		QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)	
	SEE LINE ITEM DETAIL							
	PURCHASE CARD ACTION							
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOT. (Cont. pages)	
	21. MAIL INVOICE TO:					\$11,000.00		17(i) GRAND TOTAL
	a. NAME No Invoice Information							
	b. STREET ADDRESS (or P.O. Box)					\$11,000.00	17(i) GRAND TOTAL	
	c. CITY		d. STATE	e. ZIP CODE				

22. UNITED STATES OF AMERICA BY (Signature) <i>Wayne W. Leong</i>			23. NAME (Typed) Wayne Leong TITLE: CONTRACTING/ORDERING OFFICER		
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## RECEIVING REPORT

## REPORT OF REJECTIONS

OPTIONAL FORM 347 (REV. 6/95) BACK

ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION

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**IMPORTANT: Mark all packages and papers with contract and/or order numbers.**

DATE OF ORDER 09/10/2004		CONTRACT NO.		ORDER NO. DTMA1N04104		
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	MARAD co-sponship of student awareness and public awarness of maritime industry promotion Payment will be made via Government Purchase Card using their secure website.  Reference Requisition: PR100040010	1.00	EA	11,000.000	11,000.00	
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡					\$11,000.00	

<b>Contract Level Funding Summary</b>	<b>Document Number</b> DTMA1N04104	<b>Title</b> cosponship of maritime industry	<b>Page</b> 4 of 3
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- - 694750 - 1 - 04 - 01 - - GAL002 - 110000 - - 2523 - - - - -

\$11,000.00

Reference Requisition: PR100040010

**Total Funding: \$11,000.00**